



STATE OF NEW JERSEY
PUBLIC EMPLOYMENT RELATIONS COMMISSION
PO Box 429
TRENTON, NEW JERSEY 08625-0429

For Courier Delivery
495 West State St.
Trenton, NJ 08618

PETITION FOR SCOPE OF NEGOTIATIONS
DETERMINATION

INSTRUCTIONS: File an original and 9 copies of this petition with the Public Employment Relations Commission, together with proof of the service of a copy of the petition on the other party to the collective negotiations relationship. NOTE: Petitioner's brief must be filed within 14 days from the filing of this petition. See N.J.A.C. 19:13-3.5.		DO NOT WRITE IN THIS SPACE	
		DOCKET NO.	
		DATE FILED:	
1. PUBLIC EMPLOYER			
Full Name:		County:	
Address of Employer (Street and Number, City, State and Zip Code):			
Name and Title of Representative to Contact:		Telephone No.	
Attorney/Consultant Representing Public Employer (if any):		Telephone No.	
Attorney/Consultant Address (Street and Number, City, State and Zip Code):			
2. PUBLIC EMPLOYEE REPRESENTATIVE			
Full Name:			
Address of Employee Representative (Street and Number, City, State and Zip Code):			
Name and Title of Representative to Contact:		Telephone No.	
Attorney/Consultant Representing Employee Representative (if any):		Telephone No.	
Attorney/Consultant Address (Street and Number, City, State and Zip Code):			
3. COLLECTIVE NEGOTIATIONS UNIT			
Description:		Approximate number of employees in unit:	
Established by (check one):			
<input type="checkbox"/> Recognition on _____ (Month, Day, Year)		<input type="checkbox"/> Certification issued in Docket No. _____ on _____ (Month, Day, Year)	
Term of current contract, if any. If none, so state. _____ (Month, Day, Year) TO (Month, Day, Year)			
4. STATEMENT OF DISPUTE (Provide a clear and concise statement of the matter(s) in dispute and any other relevant information. Use additional sheets if necessary)			
Pursuant to the New Jersey Employer-Employee Relations Act, as amended, the Public Employment Relations Commission is requested to make a determination as to whether the following matter(s) is (are) within the scope of collective negotiations and, where appropriate, to issue an order for remedial or affirmative action reasonably designed to effectuate the purposes of the Act.			
(Continued on back)			

4. STATEMENT OF DISPUTE *(continued)*

The dispute has arisen (check one):

☐ with respect to the negotiability of the disputed matter(s) which _____ seeks or has sought to process
(Name of party)
pursuant to a collectively negotiated grievance procedure.

☐ during the course of collective negotiations, and _____ seeks to negotiate with respect to the disputed matter(s)
 which _____ contends is not a required subject for collective negotiations.
 (Name of party)

☐ during the course of compulsory interest arbitration, and _____ seeks to submit or has submitted the matter to an interest arbitrator.
(Name of party)

☐ Otherwise (explain the circumstances):

5. CHECK ALL PETITIONS FILED RECENTLY OR SIMULTANEOUSLY WITH THIS PETITION *(Indicate date(s) filed and docket number(s) assigned, if available)*

<input type="checkbox"/>	Petition to Initiate Compulsory Interest Arbitration Docket No. _____ Date Filed: _____	<input type="checkbox"/>	Request for Submission of Panel of Arbitrators Docket No. _____ Date Filed: _____
<input type="checkbox"/>	Notice of Impasse Docket No. _____ Date Filed: _____	<input type="checkbox"/>	Unfair Practice Charge Docket No. _____ Date Filed: _____
<input type="checkbox"/>	Representation Petition Docket No. _____ Date Filed: _____	<input type="checkbox"/>	Petition for Issue Definition Determination Docket No. _____ Date Filed: _____
<input type="checkbox"/>	Petition for Contested Transfer Determination Docket No. _____ Date Filed: _____	<input type="checkbox"/>	Other Scope of Negotiations Petition(s) Docket No. _____ Date Filed: _____
<input type="checkbox"/>	Related Filings at Other Administrative Agencies Docket No. _____ Date Filed: _____	<input type="checkbox"/>	Other (explain)

6. IS THIS A JOINT PETITION? ☐ Yes ☐ No

7. CERTIFICATION *(If petition is joint, the signature of a representative of each party is required)*

I (We) declare that I (We) have read the above petition and that the statements are true to the best of my (our) knowledge and

By _____ Date _____
(Signature of Authorized Representative) (Title)

Date _____

By _____ Date _____
(Signature of Authorized Representative) (Title)

Date _____